

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90415 026 ***150.00

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04072006 Chg-P CR2E034 (11/05)

4. FEI Number **95-1965459** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCFO	<input type="checkbox"/> Delete
NAME	RUBENSTEIN, DANIEL E	
STREET ADDRESS	1166 AVE. OF AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	WOLFE, BARRY L	
STREET ADDRESS	22578 FLAMINGO STREET	
CITY-ST-ZIP	WOODLAND HILLS, CA 91364	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIGLIOTTI, JOSEPH P	
STREET ADDRESS	1166 AVE. OF AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STANICK, KEITH	
STREET ADDRESS	121 RIVER STREET	
CITY-ST-ZIP	HOBOKEN, NJ 07030	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, MARGARET M	
STREET ADDRESS	1166 AVE. OF AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEHAN, LAWRNECE M	
STREET ADDRESS	1166 AVE. OF AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERR, STEVEN	
STREET ADDRESS	500 WEST MONROE ST.	
CITY-ST-ZIP	CHICAGO, IL 60661	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERSCHNER, BARRY	
STREET ADDRESS	1166 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph P. Gigliotti JOSEPH P. GIGLIOTT 4/24/06 (201)284-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #